#### **CALIFORNIA FORM** FAIR POLITICAL PRACTICES COMMISSION

date of leaving office.

the date of leaving office.

Election Year: \_\_

O The period covered is January 1, 2009, through the

-or-O The period covered is \_\_\_\_\_\_, through

(Check one)

☐ Candidate

#### STATEMENT OF ECONOMIC INTE

Date Received Official Use Only

COVER PAGE FAIR PULIFICATIONS COMMISSION

Please type or print in ink.	OG A Put	blic Document 10 MAY 12 PM 1:52
NAME (LAST)	(FIRST)	(MIDDLE) DAYTIME TELEPHONE NUMBER
Price	Curren	D
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP CODE OPTIONAL: E-MAIL ADDRESS
(Dasiless Addicess Addepasts)		
1. Office, Agency, or Court		4. Schedule Summary
Name of Office, Agency, or Court:		► Total number of pages 2
CA State Senate		including this cover page:
Division, Board, District, if applicable:		➤ Check applicable schedules or "No reportable
26		I have disclosed interests on one or more of the
Your Position:		attached schedules:
Senator		Schedule A-1  Yes – schedule attached
If filing for multiple positions, list a position(s): (Attach a separate s		Investments (Less than 10% Ownership)
,	ineet ii necessary.	Schedule A-2
Agency: CA Legislature		Investments (10% or Greater Ownership)
<b></b>		Schedule B Yes – schedule attached
Position:	handelees and the second secon	Real Property
		Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts
2. Jurisdiction of Office (Ch	eck at least one box)	and Travel Payments)
☐ State		Schedule D Yes – schedule attached
County of	ľ	Income – Gifts
☐ City of		Schedule E 🔀 Yes – schedule attached
☐ Multi-County		Income Gifts Travel Payments
Other		-or-
		No reportable interests on any schedule
3. Type of Statement (Check	k at least one box)	
Assuming Office/Initial Date:	·	
-		5. Verification
Annual: The period covered is Ja through December 31, 2009.	anualy 1, 2009,	I have used all reasonable diligence in preparing this
-or-		statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any
O The period covered is/_	/, through	attached schedules is true and complete.
December 31, 2009.		I certify under penalty of perjury under the laws of the State
☐ Leaving Office Date Left:		of California that the foregoing is true and correct.

Signature e the originally signed statement with your ming official.)

Date Signed \_\_

05/12/10

(month, day, year)

09 AMENDMENT

## SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren D. Price, Jr.

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

NAME OF SOURCE	
NAME OF SOURCE	NAME OF SOURCE
California Independent Voter Project	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2350 Kerner Blvd. Suite 250	
CITY AND STATE	CITY AND STATE
San Rafael, CA 94901	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 11 / 16 / 09 - 11 / 19 / 09 AMT: \$ 598.20	DATE(S):
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
DESCRIPTION: CAVP Business and Leadership Exchange	DESCRIPTION:
Conference	
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):	DATE(S):
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one)
DESCRIPTION:	DESCRIPTION:
Comments: Senator Price is not subject to limits because he	e participated in the California Independent Voter Project
Business and Leadership Exchange Conference	e. He presented a speech and participated as a panelist.

#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION

#### STATEMENT OF ECONOMIC INTERESTS

Date Received Official Use Only

Please type or print in ink.

-or-O The period covered is \_\_\_\_/\_\_\_, through

the date of leaving office.

Election Year: \_

Candidate

MISSION

MISSION

MISSION

MISSION

A Public Document

2010 MAR - 1 PM 5: 14

	ZUIUTIAN I III J. I	T			
NAME (LAST)	(FIRST)	(MIDDLE)		DAYTIME TELEPHONE NUMBER	
Price	Curren	D.	. 1		
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE Z	IP CODE	OPTIONAL: E-MAIL ADDRESS	
1. Office, Agency, or Cour	t	4. Schedule S	Summar		
Name of Office, Agency, or Court:		► Total number o	of pages	7	
CA State Senate		including this o	over page	:	
Division, Board, District, if applicable	e:	► Check applicabl	le scheduk	es or "No reportable	
26th Senate District		interests,"		·	
Your Position:		I have disclosed attached schedu		on one or more of the	
Senator				chedule attached	
➤ If filing for multiple positions, list a position(s): (Attach a separate		Investments (Less ti	han 10% Owne	ership)	
Agency:		Schedule A-2 [ Investments   10% o		chedule attached ership)	
Position:		Schedule B [ Real Property	☐ Yes – so	chedule attached	
		· · ·		chedule attached	
2. Jurisdiction of Office (C)	heck at least one box)	Income, Loans, & and Travel Payments)	Business Po	SITIONS  Income Other than Gifts	
X State		Schedule D	<b>∑</b> 1 ∨ <sub>20</sub> _ 90	chedule attached	
County of		Income – Gifts	<u>M</u> 163 50		
City of	Nation 1971	Schedule E. [2	ズ Yes – sc	chedule attached	
Multi-County		Income – Gifts – Ti			
			-or-		
		No reportable	interacte c	an any achadula	
3. Type of Statement (Chec	k at least one box)	☐ No rehorrance	lineresis o	on any schedule	
Assuming Office/Initial Date	e:	5. Verification	<u> </u>		
Annual: The period covered is J through December 31, 2009.	anuary 1, 2009,	I have used all re		diligence in preparing this	
-or-				nis statement and to the best on contained herein and in any	
O The period covered is/_ December 31, 2009.	, through	attached schedules			
Leaving Office Date Left:	/			ry under the laws of the State ng is true and correct.	
O The period covered is January date of leaving office.	/ 1, 2009, through the	Date Signed		02/23/10	

Signature

(File the originally signed statement with your filing official.)

(month, day, year)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

NAME OF SOURCE	I ► N/	AME OF SOURC	E			
CA Democratic Party & Speaker Karen	11		rs Associaton			
AOORESS (Business Address Acceptable)			ss Address Acceptab	le)		
800 N Street Sacramento, CA 95814	1	215 K St., S	uite 1500 Sacra	amento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BU	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
OATE (mm/dd/yy) VALUE OESCRIPTIO	ON OF GIFT(S)	ATE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)		
01 , 08 , 09 s 73.27 Dinner		4 , 10 , 09	\$ 87.20	Dinner		
			\$			
\$			\$	M.,		
NAME OF SOURCE	► NA	ME OF SOURCE	E			
Bass for Assembly	<u>c</u>	alifornia For	estry Associatio	o <b>n</b>		
AOORESS (Business Address Acceptable)	AO	ORESS (Busines	is Address Acceptabl	(e)		
777 S. Figueroa St. Ste. 4050 Los Ange	les CA 90017 12	215 K Street	, Suite 1830 Sa	acramento, CA 95814		
BUSINESS, ACTIVITY, IF ANY, OF SOURCE	BU	SINESS ACTIVIT	Y, IF ANY, OF SOUI	RCE		
OATE (mm/dd/yy) VALUE OESCRIPTION	N OF GIFT(S)	TE (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)		
01 08 09 s 72.52 Jacket	0,	1/, 07 , 09	<u>\$ 44.86</u>	Dinner		
01 08 09 s 11.95 Breakfast	t (Jan. 8-9)		\$	- Company of the Comp		
			\$			
NAME OF SOURCE	► NAI	ME OF SOURCE				
Chukchansi Economic Development Aut	thority St	ate Farm Ins	surance			
AOORESS (Business Address Acceptable)	i i		s Address Acceptable			
46575 Road 417, Bldg. C Coarsegold, C		<del></del>	·	ramento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUS	SINESS ACTIVIT	Y, IF ANY, OF SOUR	CE.		
OATE (mm/dd/yy) VALUE OESCRIPTION	OF GIFT(S)	E (mm/dd/yy)	VALUE	OESCRIPTION OF GIFT(S)		
01,15,09 s 42.58 Food & Be	everage 05	<u>5 , 27 , 09</u>	<u>\$ 160.00</u>	Lakers Tickets		
			\$			
\$			\$			
Comments:						

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

NAME OF SOURCE	▶ NAME OF SOURCE			
NAME OF SOURCE	1 1			
TechAmerica ADDRESS (Business Address Acceptable)	Association of California Life & Health Insurance Co.  ADDRESS (Business Address Acceptable)			
	<b>11</b>			
1215 K Street, Suite 2140 Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	1201 K Street, Suite 1820 Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE			
BUSINESS ACTIVITY, IL ANT, OF SOURCE	BOSHAESS ACTIVITY, II ANVI, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
05 / 13 / 09 s 10.00 Chocolate Computer	09 , 30 , 09 s 41.38 Dinner			
\$	10 , 01 , 09 s 40.38 Lunch			
NAME OF SOURCE	► NAME OF SOURCE			
Taxpayers for Rod Wright Senate 2012	California Beer and Beverage Distributors (CBBD)			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
Post Office Box 8542 Los Angeles, CA 90008	1415 L Street, Suite 890 Sacramento, CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
06 , 15 , 09 s 62.00 Wine Gift Basket	05/, 13 , 09 s 17.16 Lunch			
	\$			
	\$			
NAME OF SOURCE	► NAME OF SOURCE			
Del Mar Thoroughbred Club	Verizon Wireless			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
P.O. Box 700 Del Mar, CA 92014-0700	15505 Sand Canyon Ave. Building E Irvine, CA92618			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)			
07 <u>22</u> 09 <u>\$ 150.00 Admission</u>	09 / 21 / 09 s 45.04 Dinner			
07 <u>J 22 J 09</u> <u>\$ 105.00</u> <u>Directors Room</u>	ss			
07 <u>22</u> 09 <u>\$ 20.00 Valet Parking</u>	\$			
Comments:				

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren Price

;	1				
► NAME OF SOURCE	NAME OF SOURCE				
State Building & Construction Trades Council of CA	California Correctional Peace Officers Association				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
1225 8th Street, Suite 375 Sacramento, CA 95814	1415 L Street, Suite 410 Sacramento, CA 95814				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
10 / 28 / 09 s 85.13 Dinner	11 , 16 , 09 <sub>s</sub> 81.60 Dinner				
► NAME OF SOURCE	► NAME OF SOURCE				
Southern California Edison	Verizon				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
2244 Walnut Grove Ave. Rosemead, CA 91770	1201 K Street, Suite 960 Sacramento, CA 95814				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
11 , 17 , 09 <sub>\$</sub> 181.30 Meals & Beverages	11 , 24 , 09 s 120.00 NBA Ticket				
	11 , 24 , 09 s 93.55 Food/Beverage				
▶ NAME OF SOURCE	► NAME OF SOURCE				
Los Angeles Stadium	California Association of Health Facilities				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
13191 Crossroads Parkway North, 6th Floor	2201 K St. Sacramento, CA 95816-4922				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
11 , 19 , 09 s 25.00 Football	12 , 14 , 09 s 8.00 2010 Calendar				
Comments:					

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Curren Price

NAME OF SOURCE	NAME OF SOURCE
Office of the Mayor Antonio R. Villaraigosa	Rabbi Zack Shapiro
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1400 K Street, Room 208 Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S	S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 31 / 09	Srvs 09 18 09 5 75.00 Rosh Hashanah Ticket
NAME OF SOURCE	► NAME OF SOURCE
Knudsen & Associates	Rabbi Zoe Klein
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1127 11th Street, Suite 550 Sacramento, CA 958	14 13045 West Pico Blvd. Los Angeles, CA 90064-2695
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 , 16 , 09 s 7.50 Knudsen Sisters' C	D 09 , 19 , 09 s 75.00 Rosh Hashanah Ticket
	s
	\$
NAME OF SOURCE	► NAME OF SOURCE
Southern California Edison	Rabbi Adam Kligfield
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2244 Walnut Grove Ave. Rosemead, CA 91770	1039 La Cienega Blvd. Los Angeles, CA 90035
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
12 / 17 / 09 s 16.50 Holiday Ornament	09, 20, 09 s 75.00 Rosh Hashanah Ticket
	s
Comments:	

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Curren Price

NAME OF SOURCE		NAME OF SOURCE		
Joe Cerrill, Cerreil Assoc	intector	-	•	
ADDRESS (Business Address Acceptable		ADDRESS (Busines	s Address Acce	ptable)
320 North Larchmont 1	31v1.			•
BUSINESS ACTIVITY, IF ANY, OF SOU		BUSINESS ACTIVIT	Ý, IF ANY, OF S	SOURCE
Los Angeles, CA 90004				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09,28,09 s 100.00	San Gennaro Festival		\$	
			\$	
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
American Film Institute				
ADDRESS (Business Address Acceptab	le)	ADDRESS (Busines	s Address Accep	otable)
2021 N Western Avenue Los			, <u>. , , , , , , , , , , , , , , , , , , </u>	······································
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	y, if any, of S	SOURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10,29,09 500.00	VIP Rec & Movie Ticke		<b>\$</b>	***
			\$	***
			\$	
NAME OF SOURCE		► NAME OF SOURCE		
Personal Insurance Federati	on of California			
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business	s Address Accep	otable)
1201 K Street, Suite 1220 Sa	acramento, CA 95814			
BUSINESS ACTIVITY, IF ANY, OF SOU	RCE	BUSINESS ACTIVITY	Y, IF ANY, OF S	OURCE
DATE (mai/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06,01,09</u> s <u>11.97</u>	Beverages		\$	MARINING AND ADMINISTRATION OF THE PROPERTY OF
			\$	
	<u></u>		\$	
2				
Comments:			······································	·

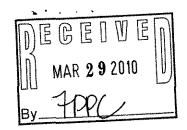
# SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM FAIR POLITICAL PRACTICES C	
Name	
Curren Price	<b>;</b>

•	Reminder -	· you	must	mark	the	qift	or	income	box.
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•	You are not	required to	report	income fr	rom gove	ernment a	agencies.
---	-------------	-------------	--------	-----------	----------	-----------	-----------

► NAME OF SOURCE	► NAME OF SOURCE
CA Foundation on the Environment & the Economy	California Independent Voter Project
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
Pier 35, Suite 202	2350 Kerner Blvd., Suite 250
CITY AND STATE	CITY AND STATE
San Francisco, CA 94133	San Rafael, CA 94901
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 10 / 15 / 09 10 / 28 / 09 AMT: \$ 8,259.95	DATE(S): 11 / 16 / 09 _ 11 / 19 / 09 AMT: \$ 598.20
TYPE OF PAYMENT: (must check one) 🔀 Gift 🔲 Income	TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income
DESCRIPTION: Study Travel Project to China/Hong Kong	DESCRIPTION: CAIVP Business and Leadership
	Exchange Conference
NAME OF SOURCE	► NAME OF SOURCE
Jewish Public Affairs Committee of California	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1127 Eleventh St., Suite 400	
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Layulater 5 Strate Trap to 15 ract	***************************************
DATE(S): 12,06,09 12,15,09 AMT: \$4100.00	DATE(S):// AMT: \$
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Legislators Study Trip to Israel	DESCRIPTION:
Comments:	



Comments: \_\_\_\_

## SCHEDULE D Income – Gifts

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

#### AMENDMENT

► NAME OF SOURCE	► NAME OF SOURCE				
Joe Cerrell, Cerrell Associates, Inc.					
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
320 North Larchmont Blvd. Los Angeles, CA 90004					
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
Public Affairs Firm					
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
09 , 28 , 09	\$				
\$	\$				
	\$				
NAME OF SOURCE	► NAME OF SOURCE				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)				
\$					
\$					
NAME OF SOURCE	Verification				
ADDRESS (Business Address Acceptable)	Print Name Curren D. Price, Jr.				
	Office, Agency CA State Senate				
BUSINESS ACTIVITY, IF ANY, OF SOURCE	Statement Type 2009/2010 Annual Assuming Leaving Q Annual Candidate				
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	I have used all reasonable diligence in preparing this statement. I have				
	reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.				
	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
	Date Signed March 25, 2010				
	(month, day, year) Signature				